

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		3				
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21		2				
22	/					
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46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	22	↔	↓	↔	↓	↔
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↔	↓		
TOTAL DEP.			↔	↓		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS